

Office of Health Care Quality Regulation Review Public Comments:

COMAR 10.07.02 (Sections .22 - .46)

The Office of Health Care Quality (OHCQ) within the Maryland Department of Health and Mental Hygiene (DHMH) extends its gratitude for all of the comments, suggestions, and recommendations suggested by our valued stakeholders. Due to your efforts we have been able to revise and update COMAR 10.07.02 Comprehensive Care Facilities and Extended Care Facilities. A public comment period was held September 26, 2014 through November 14, 2014 to collect input on the draft regulation. This document represents the public comments received as of December 31, 2014.

During the public comment period, the draft regulation was posted on the Office of Health Care Quality's website and distributed to the public through emails and stakeholder meetings. Individuals and groups had the opportunity to submit comments through an electronic public comment form, email, or in person. Three public stakeholder meetings were held on site at the OHCQ. The meetings were advertised on the OHCQ website, through the email distribution list, and word of mouth.

Comments and Responses – This document contains responses to all substantive comments received on the Draft COMAR 10.07.02, organized by regulation in the order of regulations presented in the Draft COMAR 10.07.02 (i.e., beginning with .01. Definitions). Similar comments were combined and are addressed below.

Each comment has been coded by the letter C for comment, regulation number and comment's sequential order. For example, the first comment for .01 Definitions would be denoted as "C.01-1". The second comment is "C.01-2".

If you have any questions please contact Amanda Thomas at Amanda.thomas@maryland.gov. Thank you once again for your continued participation and partnership.

The table provides an overview of all responses as provided through the online comment platform. The staff of OHCQ did not make any changes or corrections of grammar in the comments.

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Regulation .22 Reports and Action Required in Unusual Circumstances.

	Comments	Responses
C.22-1	.22 Reports and Actions Required in Unusual Circumstances New Proposed Section A, "Locked Doors Prohibited," is not detailed enough to properly address the variety of complex and difficult issues presented. There are many doors in a nursing home. The proposed language suggests that none of them should be locked. We doubt that is what is really intended, but it can be read literally to say just that. More detail is needed to address at least two kinds of doors that may need to be locked: 1) rooms that contain controlled substances, generators, cleaning supplies, etc., and 2) rooms, wings, units used by residents with dementia.	In order to eliminate any confusion, OHCQ has clarified the requirements of this provision in the final regulation.
C.22-2	The issue of residents who wander because of dementia cries out to be addressed more clearly, more carefully, and in more detail.	OHCQ appreciates the comment.
C.22-3	The language of former Section B, "Action to Be Taken if a Patient Becomes Actively Disturbed," is slated for deletion. We do not understand this and wonder if this an error. With the removal of this section there is no mention elsewhere in the regulations as to when restraints of any kind may or may not be used. Nursing home staff should notify the physician and have specific guidance on restraint use that at a minimum follows the federal regulations and SOM. Because the use of restraints has negative emotional and physical impacts on residents, it is essential that the regulations prohibit restraint use except in the most	The use of restraints must follow Federal regulations and guidelines found in Title 42 CFR 483.13 - Resident behavior and facility practices. OHCQ deems the federal regulation as sufficient.

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	exceptional circumstances. Those circumstances should be clearly defined as well as the processes that must be followed in order to obtain a physician's order to use restraints.	
C.22-4	.22A (Page 43 of 77): Is it realistic and appropriate for an attending physician to select an alternate facility for a resident? Shouldn't the already existing discharge planning process be used with input from all appropriate clinicians?	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written within regulation .22 Reports and Action Required in Unusual Circumstances.
C.22-5	.22A and B (Page 44 of 77): Removing these regulations in their entirety will result in more harm than good. In many cases, the nursing facility is simply not the appropriate care setting for individuals with certain psychiatric diagnoses.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.22-6	The definition for "Protective device" (page 9 of 77) does not include equipment that shields the resident for injuring others. What action will a facility be allowed to take if a patient becomes actively disturbed and is a threat to others? While there is a provision for immediate discharge if a resident's presence endangers the health or safety of other individuals in the nursing facility (COMAR 10.07.09.10.A.3), this has been difficult to enforce.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.22-7	As I stated in the stakeholder meeting and in Behavioral Workgroup - I am concerned about the removal of the keep or admit patients suspected of a serious mental disturbance since it is sometimes our one fallback to push hospitals to actually treat patients with severe and disruptive and potentially unsafe behaviors. I do think this requires a much larger conversation about	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

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	<p>mental illness, manageable behaviors in nursing facilities, strategies to take care of residents with primary or secondary psychiatric diagnoses and what rights facilities have to discharge when residents are a danger to themselves or others. What do we do when hospitals do not provide all the information to make an informed decision - what role does PASRR have when hospitals check 30 days or less and do not go further in the assessment.</p>	
C.22-8	<p>In listening to the feedback provided on November 6, 2014 I noted that people interpreted this section as dealing with behavioral health issues in the nursing home. We interpreted .22 B. as establishing a system for reporting unusual events similar to those reported by hospitals. With that in mind we offer the following: We believe that .22 B. Reports and Action Required in Unusual Circumstances would benefit from greater specificity. Therefore we propose that the regulation add a reference to the "National Quality Forum (NQF) Serious Reportable Events" requiring facilities to report adverse events on the list as applicable. The current NQF Serious Reportable Events can be accessed at: http://www.qualityforum.org/Topics/SREs/List_of_SREs.aspx NQF Serious Reportable Events for Long-term Care/Skilled Nursing Facilities</p>	<p>OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.</p>

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.23 Transfer Agreement.

	Comments	Responses
C.23-1	I'm not sure where is the best place to put this, but the following language needs to be inserted somewhere in the regs: "Human remains shall be transported from a facility in a vehicle that displays a valid inspection sticker issued by the Board of Morticians and Funeral Directors (the Board) and that is owned by (1) a funeral establishment licensed by the Board; (2) a mortuary transport service permitted by the Board; or (3) a funeral establishment licensed to operate in another state that is part of the same business structure as a funeral establishment licensed by the Board."	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. A reference to COMAR 10.29.03.04 Inspection by the Board of Mortician has been added to the regulation.
C.23-2	The Board has the authority in statute to issue a permit and to regulate mortuary transport services. The regulation of these businesses is an important public safety issue as the Board has received complaints about transporters who have stolen the property of decedents or who have not transported human remains in a respectful or sanitary manner. Without OHCQ's regulations dovetailing with the Board's, decedents in Maryland will not be adequately protected when their remains are removed from an OHCQ facility.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. A reference to COMAR 10.29.03.04 Inspection by the Board of Mortician has been added to the regulation.
C.23-3	The Board has the authority to inspect vehicles owned by a licensed funeral establishment and, under the mortuary transport service law, to inspect their vehicles. Once a vehicle is determined to have passed inspection, the Board will issue a sticker which it requires to be displayed in the vehicle. We are asking that human remains only be allowed to be transported from an OHCQ facility by	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. A reference to COMAR 10.29.03.04 Inspection by the Board of Mortician has been added to the regulation.

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	Comments	Responses
	a vehicle which is displaying a sticker that indicates that it has passed a Board inspection.	

Regulation .24 Emergency and Disaster Plan.

	Comments	Responses
C.24-1	With regard to Section A.(9) relating to the Maryland Health Alert Network, we recommends that the language be redrafted as follows: "(8-1) Within six months of the effective date of this regulations, each nursing facility shall register with the Maryland Health Alert Network. (a) Each nursing facility shall register at least four representatives, of which two shall be the administrator and the Director of Nursing. (b) Following any changes in the initial registration of the four representatives, a nursing facility shall update the information within five business days of the change."	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. Language re-drafted as suggested.
C.24-2	Lastly, the proposal requires nursing facilities to "notify and direct" residents to the facility's emergency plans, including evacuation procedures within 24 hours of admission. Would this be the same as providing the executive summary in (A)(11)? More importantly, the move to a nursing facility can be very overwhelming for residents. Twenty-four hours, while understandable, may be difficult for the residents to absorb the information along with so many other changes.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.24-3	.24 Emergency and Disaster Plan .24A(4)(c) (Page 46 of 77): For facilities that use electronic health records, there should be an exception that does not	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

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	require that the brief medical fact sheet is in written or printed form as long as it can easily and quickly be printed when needed. We note that even if there were a power outage, the emergency electrical power must be provided for computer systems, if applicable, to maintain electronic health records systems (§.25.D.3.j) .24C(1)(c)	
C.24-4	(Page 47 of 77): “Within 24 hours of admission, notify and direct residents to the facility’s emergency plans and maps, including evacuation procedures.” This needs clarification. Does it require providing new residents with an executive summary of the center’s evacuation procedures or simply require an orientation on how to physically exit the facility in the event of an emergency.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

.25 Physical Plant General Requirements

	Comments	Responses
C.25-1	We recommends the following changes to this section. However, there is a much broader issue in this regulation and subsequent regulations. As drafted, the regulations remove the differential between new and existing construction and will require all facilities to comply with the same physical plant requirements. This is simply not reasonable or realistic. Facilities should be held to the standard required when they were constructed. Many of these changes will require changes to wall construction, plumbing, etc. and the facility may not physically be able to comply or financially.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness
C.25-2	Section B(1): Commenter appreciates OHCQ removing the requirement that a	OHCQ appreciates your comment.

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	building shall be a completely detached structure. Many nursing facilities share buildings with other levels of care, such as assisted living.	
C.25-3	Section B(4): Remove the listing of what should be included in a preventative maintenance plan as well as the system for reporting problems and simply require and allow the nursing facility to design a written preventative maintenance program based on the needs of the facility.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.25-4	Section F(4) page 50: Commenter is very concerned regarding the changes being made to this section. This section will require emergency electric power to provide not only heat but cooling. Currently, only heat is provided. In doing so, it also changes the minimum temperature from 70 to 71 degrees and adds a maximum temperature of 81 degrees. This is a major policy shift. While facilities have begun to convert to both cooling and heating systems, it is unclear how many nursing facilities would be affected by this change and the fiscal implications. Prior to this change, there needs to be greater discussion and a comprehensive review of the impact on the industry. In addition, there needs to be a justification as to the decision to alter the temperature requirements from 70 to 71 as well as the rationale for choosing 81 degrees.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written. Federal regulation and provides guidelines for providing a “comfortable and safe temperature level” for facilities. The recommendation is for facilities to maintain a temperature range of 71°–81°F [42 CFR 483.15(h)(6)].
C.25-5	5. Section F. recommends removing the term footcandles from the regulations. This is an antiquated term that was already removed from the medical adult day care proposal.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.25-6	Section R. Commenter recommends	OHCQ agrees with these concerns and has

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	changing the language to state "The burning or incineration of garbage <i>at the nursing facility</i> shall be prohibited." to recognize that some trash services may still use incineration	made appropriate modifications in the final regulation.
C.25-7	Multiple comments were received for this regulation 10.07.02.25 Physical Plant General Requirements. Most opposed the revised proposed regulations pertaining to old and new construction.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.25-8	.25 Physical Plant General Requirements .25D(4) (Page 50 of 77): The proposed regulation change would require emergency generators provide heat AND cooling. Some existing generators may not be designed to maintain temperatures within the proposed range, and it could be extremely costly to replace the equipment.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.
C.25-9	.25C (Page 49 of 77): This regulation refers to elevators in long-term care facilities. There are currently separate standards for existing facilities and new construction. If existing facilities do not meet the requirements, not only would it be extremely costly to update the elevators, the construction would be disruptive to resident care.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.25-10	.25N (Page 55 of 77): This regulation refers to air conditioning and currently only applies to new facilities; the proposed change would expand the requirement to all facilities. Again, if facilities are not currently subject to the requirement and therefore do not have this equipment, they will incur high costs and cause disruption to residents while replacing the equipment.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.25-11	.25Q (Page 55 of 77): New, more	OHCQ agrees with these concerns and has

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	<p>specific language is being proposed in the regulations for Storage Space-Garbage: “Where stored indoors, the room must be equipped with mechanically-operated ventilation at the same rate as that noted in Table 1 of §M (2) (h) of this regulation for a Linen & Trash Chute Room. Where stored outdoors, containers must be stored on a impervious spill- proof pad constructed of reinforced concrete.”</p> <p>For facilities that do not currently meet these proposed requirements, making the necessary building modifications could have substantial costs. Is there any value gained by the new requirement to warrant the change, especially in the context of the broad set of physical plant changes being proposed in this and other sections?</p>	<p>made appropriate modifications in the final regulation.</p>
C.25-12	<p>Maryland Monthly Assessment</p> <p>I want to bring to your attention a potential inconsistency in COMAR resulting from the transition of the Nursing Facility payment system to a prospective payment system. As of January 1, nursing facilities no longer need to do the Maryland monthly assessment for rate calculations, only the MDS assessment will be used in payment calculations. However, COMAR 10.07.02.36 still includes the Maryland Monthly Assessment as a required form for resident status assessment.</p> <p>Please advise on what action needs to be taken to ensure that providers are not cited for being out of compliance with the licensing regulations.</p>	<p>OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The requirement for the “Maryland Monthly Assessment” has been removed from the regulation.</p>

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Regulation .26 Nursing Care Unit

	Comments	Responses
C.26-1	In this regulation as well as in proceeding regulations, the proposal eliminates the differential between new construction and existing facilities, thereby making facilities abide by one standard. In addition, any ability to receive a waiver from the Department has been eliminated. While this may work for policies and procedures, it does not work for bricks and mortar structures due to space constraints and fiscal implications. Specific areas affected by this standardization in this section include: 1. Nurses' Work Area; 2. Janitor's Closets; and 3. Utility Rooms.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.
C.26-2	In addition to the standardization, this section goes even further to add additional changes to the physical structure of the facility. For example, the clean utility room would now require two sinks - a hand washing sink and a small sink set into the counter, which may not be practical for facilities given space and plumbing issues.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.26-3	For the janitor's closet, there is the new requirement that the closet be connected to mechanically operated exhaust ventilation and that the plumbing for the utility or service sink within a janitor's closet must be provided with an integrated atmospheric vacuum breaker or other approved back-flow prevention device. It is unclear how many facilities currently meet this standard and/or how many would be able to meet the standard if they currently did not meet it. Prior to mandating new structural standards, further study must be done to	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

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	determine the impact on the industry and the feasibility of facilities to be able to comply. Commenter would advocate that as long as the facility meet the current standards in affect at initial licensure, the facility should either be grandfathered in to those standards or be issued a waiver. This position applies to the changes being made to the physical structure throughout the entire proposal.	
C.26-4	In addition to the above concerns regarding structural plant changes, Commenter does question the reason for changing the room temperature variance from 59 and 86 degrees to 71 and 81 degrees. Please provide an explanation as to the reason for this change.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written. Federal regulation and provides guidelines for providing a “comfortable and safe temperature level” for facilities. The recommendation is for facilities to maintain a temperature range of 71°–81°F [42 CFR 483.15(h)(6)].
C.26-5	26 Nursing Care Unit Section C of this regulation addresses Call Systems. Paragraph (h) requires that audible alerts be heard throughout the nursing unit. Facility wide audible alerts create a hospital like atmosphere that can be disturbing to residents and visitors. This is at odds with facilities that want to implement culture change. If a home can demonstrate that alerts will be heard or seen by staff and that the alerts will not be turned off until they have been responded to, then facility wide audible alerts should not be required.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.26-6	.26 Nursing Care Unit .26D-Removed (Page 61 of 77): This regulation refers to the standards for the call system in existing facilities. It is being removed and applying the standards in section .26C, which currently only apply to new construction. For facilities that do not currently meet all the requirements	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction:

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	outlined in section .26C, making the necessary modifications could have substantial costs and be challenging within the context of the comprehensive proposed changes to physical plant requirements.	- In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.
C.26-7	.26B(2)-Removed (Page 58 of 77): This regulation refers to the requirements for Nurses' Stations in existing facilities. It is being removed and applying the standards under section .26B(1) which currently only apply to New Construction or New Facilities. Depending on the layout of a nursing unit and the nurse's work area, a facility may need to make significant modifications to comply with the different standard.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.26-8	Our other concern has been the difficulty in obtaining waivers and then being cited on them annually even when the approved waiver is presented to surveyors.	OHCQ appreciates your comment.

.27 Resident Bedroom and Toilet Facilities

	Comments	Responses
C.27-1	In addition to our concern raised above regarding changes to physical structures, Commenter recommends maintaining the current language of requiring at least two dresser drawers in a chest of drawers as opposed to changing it to a chest of dresser drawers with at least one locking drawer. Currently, nursing facilities are not required to provide a locked drawer. While many do provide one, it may not necessary be part of a chest of drawers. Similar to above, this section mandates a new requirement that there be a one lavatory hand	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

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	washing sink for every four licensed beds excluding lavatories found within private bedrooms or isolated bedrooms. This should only apply to new construction not existing facilities.	
C.27-2	.27B(7) (Page 62 of 77): This regulation applies to new construction and requires cubicle curtains and tracks between beds in multiple occupancy rooms, but for existing facilities, curtains or screens are acceptable. The change would no longer allow the exception for existing facilities.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.
C.27-3	.27B(9) (Page 62 of 77): This regulation refers to the requirements for physically isolating any resident who may contract a communicable disease from the rest of the resident population. New language requires that the facility have at least one private bedroom with an attached private bathroom that includes toilet, hand washing lavatory, and bathing device or shower. If a facility doesn't have a private bedroom with attached bathing device or shower, this would require building modifications which may not be possible if there is not enough actual physical space.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.27-4	.27C(4)-Removed (Page 62 of 77): For specifications of the minimum square footage of floor space for bedrooms, this regulation, which specified what cannot be included in the calculation of floor space, only applies to new facilities. Existing facilities may not meet the	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

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	minimum floor space requirements because certain portions of the room would no longer be exempt from the calculation, but they would be unable to make the modifications to comply simply because of a lack of physical space to expand rooms.	
C.27-5	.27D(7) (Page 64): The proposed change would specify that all bedrooms shall be provided with a hand washing sink with both hot and cold running water unless toilet or bathroom facilities are connected to the bedroom.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.27-6	.27D(8) (Page 64): The proposed change would specify that there be at least one bathtub or shower, or bathing device (approved by the Department), in a separate room or compartment for every 12 licensed beds exclusive of bathing devices within a private bedroom or isolation bathroom. This is overly prescriptive. Facilities might currently have sufficient rooms for resident showering or bathing but it would not meet the proposed standard “for every 12 licensed beds.” This would require disruptive and extremely costly building renovations to add new rooms, and there may not be any actual physical building space to add the rooms. The added language “for every 12 licensed beds” should be removed.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.27-7	As mentioned in the stakeholder meeting and this goes for the next couple of sections – we are concerned with the requirement that all facilities versus just new construction meet the regulations especially when most of the buildings are 40-70 years old in MD and built under very different regulations for construction.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

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Regulation .28 Equipment and Supplies for Bedside Care and Therapy

No Comments Received.

Regulation .29 Rehabilitation Facilities — Space and Equipment

	Comments	Responses
C.29-1	.29 Rehabilitation Facilities – Space and Equipment .29C (Page 67 of 77): The proposed change would apply a requirement, for a hand washing sink and toilet meeting standards for residents in wheelchairs, to all facilities that is currently only applicable to new construction. In addition it adds a new requirement that all toilet and bathing rooms within a rehabilitation area must be equipped with a nurse call system. For existing facilities that do not currently meet these requirements, there could be substantial costs for renovating the rehabilitation areas to meet these requirements. The construction would be disruptive to residents receiving rehabilitative care in these areas, not to mention there may not be physical space available to make the renovations.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.

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Regulation .30 Dayroom and Dining Area

	Comment	Responses
C.30-1	.30 Dayroom and Dining Area .30B (Page 67 of 77): Currently dining areas need to be large enough to accommodate all residents able to eat out of their rooms. The proposed change requires dining areas to be large enough to accommodate all residents. The regulation also specifies minimum square footage of dining area per resident, as apposed to minimum square footage requirements per ambulatory resident. In previous comments, we noted that many facilities might need to expand their dining area to meet the minimum square footage requirements.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.

Regulation .31 Dietetic Service Area

	Comment	Responses
C.31-1	.31E (Page 68 of 77): This regulation refers to the janitor's closet or service alcove in food service areas. There are currently two separate standards for new construction and existing facilities. Removing the exception for existing facilities would require changes so that the area itself has a utility sink and is in or adjacent and exclusive to the dietetic service department, whereas now, a utility sink shall be a reasonable distance from the department and can be shared with other activities.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.
C.31-2	In addition, there are proposed changes that would be new for all facilities – the space needs to be “connected to mechanically operated exhaust ventilation. The plumbing fixture for the utility sink within a janitor's closet must	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

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	be provided with an approved back-flow prevention devices as approved by the department.”	
C.31-3	.31F (Page 68-69): This regulation specifies space requirements for the food service department. There are currently two separate standards for new construction and existing facilities. Removing the exception for existing facilities would require changes to physical space where expansion could be required but where there is no actual physical space to expand in to.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.
C.31-4	MD DHCC is in complete support of the changes in Section .31 Dietetic Services as written.	OHCQ appreciates your comment.

Regulation .32 Administrative Areas

	Comment	Responses
C.32-1	.32B-Removed (Page 72 of 77): This regulation applies to administrative areas and the requirement for a separate room or rooms for the administrator and staff. Currently there are separate regulations for new construction and existing facilities. It may be costly or disruptive for existing facilities to remodel or rearrange the use of building space that creates an administrative area that complies with regulations to which they are currently not subject to.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.
C.32-2	.32C-Removed (Page 72 of 77): This regulation refers to lobbies. Currently, new construction requires a lobby area, whereas existing facilities are exempt. The proposed change would require all buildings to have a lobby area including	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

The table provides an overview of all responses as provided through the online comment platform. The staff of OHCQ did not make any changes or corrections of grammar in the comments.

Office of Health Care Quality Regulation Review Public Comments:

COMAR 10.07.02 (Sections .22 - .46)

	Comment	Responses
	telephone service and drinking fountains or other drinking water dispersers.	
C.32-3	.32C (Page 72 of 77): The proposed change appears to remove an exception for existing facilities related to the provision of lockers and toilet facilities for employees. Language has been changed so that ALL facilities shall provide separate locker rooms and toilet facilities for male and female employees, a standard only applicable to new construction. As with all the proposed changes that remove exceptions for existing facilities, this would impose hardship on some facilities due to expensive building renovations to create or modify building space in order to meet these requirements.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

Regulation .33 Housekeeping Services, Pest Control, and Laundry

	Comment	Responses
C.33-1	.33 Housekeeping Services, Pest Control and Laundry .33D-Removed (Page 73 of 77): This regulation refers to laundries and having a physical separation of space between soiled and clean areas. This regulation currently creates an exception for existing facilities that cannot make a physical separation possible.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation. The regulations have been re-drafted to differentiate between new and existing construction. The final version includes the following statements that differentiate between new and existing construction: - In existing structures, the facility shall comply with the regulations and building codes effective at the date of construction. -New construction or renovation shall comply with these regulations as of the date of their effectiveness.

The table provides an overview of all responses as provided through the online comment platform. The staff of OHCQ did not make any changes or corrections of grammar in the comments.

Office of Health Care Quality Regulation Review Public Comments:

COMAR 10.07.02 (Sections .22 - .46)

Regulation .36 Care Planning

	Comment	Responses
	.36 Care Planning We recommend adding the following sentence to section C of this regulation: "Facility staff should accommodate the schedules of invited family members and representatives when scheduling care plan meetings taking into account the day of the week and time of day they are available."	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

Regulation .40 Quality Assurance Program

	Comment	Responses
C.40-1	Page 76 Section C (5) – please change “a dietitian” to “a licensed and registered dietitian”.	OHCQ agrees with these concerns and has made appropriate modifications in the final regulation.

Regulation .42 Relocation of Residents

	Comment	Responses
C.42-1	The language suggested for Regulation .23 may be appropriate to be inserted here.	OHCQ appreciates your comment.

Regulation .43 Posting of Staffing

	Comment	Responses
C.43-1	.43 Posting of Staffing .43D (Page 77 of 77): The new requirement for a record of posting needs clarification. There needs to be assurance that facilities won't be cited because their records of staffing don't meet a surveyor's expectations.	OHCQ has not made this suggested change, as OHCQ believes the regulation is sufficient as written.

The table provides an overview of all responses as provided through the online comment platform. The staff of OHCQ did not make any changes or corrections of grammar in the comments.